employed; which was first described by M. Recamier, and with the most satisfactory results. This disease, first described by Boyer, consists in spasm of the sphincter ani, and this spasm, it is the aim of M. Recamier to destroy by forcible distension. With this view he introduces two fingers into the rectum, stretches the anus by drawing the fingers in opposite directions, and thus is able to introduce his whole hand in the rectum. He then closes his hand, and draws his fist thus closed through the anus. M. Recamier has cured by this method all the cases in which he has employed it. A short time since, a patient was about being operated on by incision, when M. Recamier was called in consultation; he resorted to his method just described, and the cure was instantly accomplished. M. Maisonneuve, who was astounded at the marvellous results of M. Recamier's treatment, has since employed no other, and since he has etherized his patients, the operation is accomplished without pain. Among the great number of cases he has observed, he has not witnessed any ill effects, or a single relapse.—*Gazette des Hôpitaux*, Oct. 2, 1847.

25. *Fistula in ano cured by Injection of Iodine.*—Dr. Van Camp has communicated to the Society of Medicine of Anvers, a method of curing fistula in ano without operation, by means of injections of iodine. A workman, aged 24, had had an enormous abscess at the anus, which became fistulous, its inner opening being very high up in the gut. Wishing to avoid operating in the case, a solution of nitrate of silver was tried as an injection, but it failed to do any service, and recourse was then had to an injection of equal parts of tincture of iodine and water, which was thrown into the fistulous cavity twice a day for five days. The first injections were attended with severe pain, and when the inflammation produced by it was considered sufficient, the proceedings were suspended for three days; they were then renewed, as a little fecal matter was discharged from the wound, but the cavity had diminished to an inch in height, and by the sixteenth day the cure was complete.—*Journ. de Med. Prat.*

26. *Instrument for dilating Stricture of the Œsophagus*—M. Baillarger exhibited at one of the meetings of the Medical Society of Paris, an instrument for dilating strictures of the œsophagus. This instrument consists of an œsophagus sound, attached to the extremity of which is a sac, which may be expanded either with air or by the injection of water, after being introduced beyond the stricture. This sound is small, and is introduced through the nostril, and allowed to remain a longer or shorter time. Dilatation is effected by drawing the instrument upwards, by which the stricture is slowly dilated from below. This instrument had been applied morning and evening for eight days on a patient of M. Hervey de Chégroin at the Hospital Necker.—*Gaz. des Hôpitaux*, March 30, 1847.

27. *Case of Laryngitis, accompanied by the formation of false membrane in the Trachea and Bronchi, in which Tracheotomy was successfully performed.*. By T. A. Barker, M. D., (*Proceedings of Royal Med.-Chirurg. Soc.*, Dec. 11, 1847).—A woman, aged twenty-two, four months pregnant, after delicate health, and symptoms of commencing phthisis for nine months, and pain on deglutition for three months, was admitted into St. Thomas's Hospital with chronic laryngitis, and signs of tubercles, in an early stage, at the commencement of January, 1847. In a few days the symptoms became urgent, indicating the necessity of immediately opening the trachea. The operation was performed by Mr. B. Travers, junior, and the woman was nearly asphyxiated before it was completed, in consequence of a false membrane formed in the trachea, where the opening was made, blocking up the tube below the opening, having, probably, been forced downwards by the scalpel. Five days after the operation, there was extensive hemorrhage from the wound, and, together with the blood, a large quantity of fibrinous matter, evidently casts of bronchial tubes, was expectorated. The wound gradually closed, and there was no return of dyspnœa; but as the tubercular disease in the lung advanced, there was incessant cough, and the stomach became very irritable. Six weeks after the operation, the patient died, exhausted. The mucous membrane of the larynx and upper part of the trachea was completely destroyed, and both lungs, especially the right, were thickly studded with tubercles in an early stage.

As life was prolonged for six weeks, the death was not ultimately caused by obstruction in the larynx; the author considered this a successful operation, though performed under unfavourable circumstances. There was ulceration of the trachea at the part where the opening was made, which prevented the use of a trachea tube, on account of the irritation it excited; there was false membrane both in the trachea and bronchi; there were tubercles in the lungs; the patient was exhausted by copious hemorrhage on two occasions, and was much depressed in mind; nevertheless, she survived for six weeks.

Mr. Hilton regarded the case detailed as an important one, as bearing on the question of the propriety of operating on the larynx, or trachea, in cases where inflammation had spread along the windpipe, and down the bronchial tubes. This case showed the propriety of attempting such operation, and he thought he might fairly deduce from this case, an argument in favour of such proceeding in cases of croup. It was an important point of practice in these cases, to determine when we should cease to rely on other remedies, and resort to operation. This is sometimes a most difficult point to decide; but, as a general rule, he had found, that when a patient affected with obstruction to the respiration, slept for a very brief period, and his hands and feet became cold, the operation was justifiable. He inquired the experience of the Society on this point, and reprobated, as dangerous, the administration of large doses of opuim in cases of obstruction in the larynx and trachea, where sleep could not be procured without, for sleep produced under these circumstances was often fatal. He alluded to a circumstance mentioned in the paper, that in consequence of ulceration at the upper part of the trachea, a tube could not be retained in that canal, and suggested that this difficulty might have been overcome, if the operation had been performed lower down, and below the seat of ulceration. It had been stated that this patient was nearly suffocated by the escape of blood into the air-passages, consequent upon the operation; now had the trochar and canula been employed, instead of the knife, this untoward occurrence would have been prevented, as the canula completely filled up the orifice that was made, and effectually prevented the escape of any blood. In reference to the expectorated matter which had moulded itself to the bronchial tubes and trachea, was this likely to be the blood, so moulded, after its escape from the seat of incision?

Dr. Barker had at first thought the substance which had moulded itself to the bronchial tubes consisted of blood, but it had been carefully observed by Mr. Grainger under the microscope, and that gentleman had determined it to be fibrin, stained by the effused blood. He regretted that Mr. Travers, who performed the operation, was absent, as he might have given good reasons for opening the windpipe at the point he did; but he (Dr. Barker) thought it would have been more desirable to have operated lower down, but in the absence of Mr. Travers, he would not enter into discussion on that point.

Dr. Basham observed, that recorded cases favoured the view of Dr. Barker, that the matter which had moulded itself to the bronchial tubes, was of the true nature of fibrinous exudation. Cases had been related in a volume of the Society's *Transactions*, in which two gentlemen, brothers, had, after an inflammatory attack of the air-passages, expectorated fibrinous moulds of the bronchi. A preparation was in the museum of the Westminster Hospital, in which this secretion from the bronchial tubes was quite colourless. In this case, the patient had expectorated large quantities of these moulds, some of them from the minute bronchi. The paper before the Society was of much practical value, and the question might fairly be asked, whether, in general, the existence of such exudation as was present in this case, was so dangerous as to call for so formidable a proceeding as an operation on the air-passages. The case no doubt, justified such a proceeding, but was this the fact generally, in similar instances of disease?

Dr. Copland observed that the case was interesting, as illustrating the value of an operation in some cases of obstructed breathing. Cases of expectoration of fibrin, moulded to the trachea and bronchial tubes, were not uncommon; they were to be found even in the old writers; patients so affected generally recovered; indeed, he was unacquainted with a case in which these moulds were found on dissection. He was of Mr. Shaw's opinion as to the source of the hemorrhage. He related a similar case, in which blood exuded from the lining membrane of

the trachea, after the fibrinous moulds were thrown off. The case before the Society showed, that tracheotomy, under very bad circumstances, might be sometimes performed with some prospect of success. Generally speaking, when operations on the windpipe, in cases of croup and asphyxia, were resorted to, it was generally at so late a period, that the patients sank from congestion of the lungs, the powers of life being too far exhausted to allow of reaction. If earlier performed, the operation would be more likely to be successful.

Dr. Black had seen the operation of opening the windpipe, for obstruction in the air-tubes, frequently performed at St. Bartholomew's Hospital. The opening was made in the crico-thyroid space, and was always successful.

Mr. Arnott had performed the operation frequently; when resorted to in cases of chronic disease, or in acute disease supervening on a chronic one, the patients usually did well. It was not successful in cases of acute laryngitis. It had sometimes succeeded in cases of croup, but was more frequently fatal. He saw no reason against operating in cases otherwise hopeless, as the operation gave one more chance for life.—*Lond. Med. Gaz.*, Jan. 1847.

28. *Dislocation of the Right Thigh Bone backwards and upwards upon the Dorsum of the Ilium, twenty-one times.*—The following remarkable example of this accident is related by Mr. John F. South, in the *Medical Times*, Feb. 5th, 1848.

Eliza Goddard, æt. 36, admitted into Dorcas's Ward Jan. 6, 1847, at eleven P. M. Whilst pulling off her stocking this evening, on going to bed, had dislocated her right thigh-bone on the dorsum ilii, for the nineteenth time within the last twelve years. The accident first occurred on the 1st of May, 1835, in consequence of her slipping down on a piece of orange-peel. It remained unreduced until the 29th of the same month, when it was replaced by Sir Astley Cooper with pulleys, after an extension of four hours and a half. The second time the dislocation was produced in stooping, and was reduced by Mr. Callaway with the pulleys. The third and fourth time it occurred as she was sitting down; reduction by pulleys; a third time by Sir Charles Bell, fourth time by Mr. Callaway. The fifth time it was displaced whilst stooping, and the sixth as she slipped in going up stairs carrying water. On both these occasions the bone was replaced by Mr. Bransby Cooper with the pulleys. The seventh dislocation was produced by her shoulders being violently shaken, and was reduced with pulleys by Mr. Callaway. She slipped down and occasioned the eighth displacement, which was reduced in the same way by Sir Charles Bell. Having dislocated the thigh the ninth time, as she was sitting down, it was reduced at her own house by Mr. Renwick, who made her stand up behind a chair, and whilst she supported herself on its back he took hold of her foot, bent the knee, and, forcibly rotating the leg outwards, the head of the bone immediately moved into the socket. The tenth dislocation happened in stooping, on which occasion she was brought into Elizabeth's Ward, April 27, 1837, and the reduction was effected by Mr. Tyrrell with pulleys. She remained in the house till the 27th of June following. The following eight times the bone was dislocated by turning in bed, kneeling, stooping four times, and slipping down twice. The reduction on each occasion was effected by pulleys, and at Guy's Hospital, except once, at home, by Mr. Callaway. She says that when she is much agitated, or when her bowels have been relaxed for two or three days, she expects the dislocation will recur, and that it does without her making any great exertion. My dresser, Mr. Leeson, who in the afternoon of this day had assisted me in Judge's case, thought he would try the same mode of reduction with the foot in the crutch, and succeeded without difficulty. After this she became night-nurse in the hospital for a short time, but soon left, and returned home.

March 5th. While stooping she dislocated the thigh the twentieth time, but had nothing done till March 16, when she was readmitted into Dorcas's Ward, and the dislocation was again reduced by Mr. Leeson, with the heel in the crutch, the bone returning with a snap. Two nights after, whilst in bed, the twenty-first dislocation occurred. Extension, with the foot in the crutch, was again tried, but did not succeed. For some reason which I am not aware of, being absent from illness, no further attempt was made till the lapse of ten days, when extension was made with pulleys, and in vain; but a week after the dislocation was reduced, with the foot in the crutch, by Mr. B. Travers, without difficulty.